

Treatment Plan

According to the Utah Medicaid Provider Manual (April 2015), 1-7: Treatment Plan,

A. If it is determined that behavioral health services are medically necessary, an individual identified in Chapter 1-5, A. is responsible for the development of a treatment plan.

B. The treatment plan is a written, individualized person-centered plan which contains measurable treatment goals related to problems identified in the psychiatric diagnostic evaluation. The development of the treatment plan should be a collaborative effort with the client.

C. If the treatment plan includes psychosocial rehabilitative services as a treatment method, there must be measurable goals specific to each issue being addressed with this treatment method.

D. The treatment plan must include the following:

- 1. measurable treatment goals;*
- 2. the treatment regimen—the specific treatment methods (as contained in Chapter 1-4 and Chapter 2) that will be used to meet the measurable treatment goals;*
- 3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method;*
- 4. the licensure or credentials of the individuals who will furnish the prescribed services; and*
- 5. the signature and licensure or credentials of the individual defined in Chapter 1-5, A., who is responsible for the treatment plan.*

E. An individual identified in Chapter 1-5, A. is responsible to conduct reassessments/treatment plan reviews with the client as clinically indicated to ensure the client's treatment plan is current and accurately reflects the client's rehabilitative goals and needed behavioral health services.

According to the DHS/DCFS Contract, Part II. D. 5. c.,

Examination and Treatment Planning

(1) The Contractor shall conduct an initial psychiatric diagnostic interview examination or an addendum to the most recent examination or psychological evaluation completed within the past 12 months. The examination or addendum shall assess the existence, nature, or extent of illness, injury or other health deviation for the purpose of determining the Client's need for mental health services.

(a) Collect collaborative information from parents, proctor parents, schools/child care, mental/health care professionals and others as needed to determine the existence, nature and extent of a mental illness or disorder for the purpose of identifying the Client's need for mental health services.

(b) Convene a Team Meeting with Client to gather collaborative information from Client's parents, caretakers, teachers, child care providers, and Case Managers to facilitate in the assessment of the Client for the psychiatric diagnostic interview examination.

(c) Collect and review prior psychiatric diagnostic interview examinations, psychological testing, medical interpretations of laboratory or other medical diagnosis, and school records to develop a complete picture of the Client's mental health diagnosis and treatment needs.

(d) Conduct or obtain information from other sources concerning a psychosexual assessment or a Sexual Behavioral Risk Assessment as part of the psychiatric diagnostic interview examination,

if it is determined that the Client has sexual behaviors that should be evaluated.

(2) If it is determined the Client needs mental health services, the individual provider of mental health services conducting the psychiatric diagnostic interview examination or the individual provider of mental health services who actually delivers the mental health services shall develop a treatment plan. The treatment plan shall reflect the Client's therapeutic needs as identified in the psychiatric diagnostic interview examination, and shall be coordinated with the Division Service Plan and with the Team.

(3) The treatment plan shall be designed to improve or stabilize the Client's conditions. Treatment goals shall match recommendations on the examination or addendum. The treatment plan shall be written within 30 days of admission to the Contractor's program.

(4) The Contractor shall use the "What Works" principles when designing a treatment plan for Clients. The Contractor shall use the "Responsivity Principle" when determining suitability for a treatment plan for a Client.

(5) The Contractor shall incorporate the Client's individual identified risk factors and treatment goals as identified on the Client's Division assessment into the treatment plan. Treatment goals shall be specific, measurable, attainable, realistic and timely (aka SMART Goals for DHS/DJJS). As part of the treatment plan, treatment goals are approved by the Case Manager with treatment team input.

For DHS/DJJS, the Contractor shall:

(a) Coordinate with the Case Manager to ensure the treatment goals describe the criteria that must be met to reduce identified dynamic risk factors.

(b) Utilize action steps that are behavior criteria, subtasks, the Client must demonstrate to meet the SMART goal. Action steps are a behavioral way to measure progress. Action steps are determined by the treatment team.

(c) Utilize strategies that are behaviors and actions the provider/treatment team perform to support the Client in attaining his/her treatment goals. Strategies are determined by the treatment team.

(d) Base individualized treatment goals and interventions upon the Division and Contractor assessments of the Client, specifically the PRA.

(6) The Contractor shall incorporate trauma-informed care in the treatment plan.

(7) Mental health services shall not be provided and billed until a treatment plan has been written and submitted to the Case Manager.

(8) The treatment plan shall include the following:

(a) Measurable treatment goals developed in conjunction with the Client, family/legal guardian and Case Manager, including face-to-face participation of the Client in its development. The goals shall address the Client's needs identified in the Psychiatric Diagnostic Interview Examination. For DHS/DJJS, a written, individualized treatment plan will contain SMART goals and action steps that are derived from identified PRA dynamic risk items. SMART goals will operationalize the PRA dynamic risk item so that it is specific measurable, attainable, realistic and timely.

(b) Discharge criteria and, at the appropriate time, post discharge plans and coordination of related community services to ensure continuity of care with the Client's family (or others in whose care the Client will be released after discharge), school, and community.

(c) Signature, printed name, licensure, and date of the individual who developed the treatment plan.

(9) The Contractor shall bill treatment plan development as part of the psychiatric diagnostic

interview examination.

(10) The Contractor shall provide a copy of the treatment plan to the Case Manager within 15 days of completion. The Contractor shall retain a copy of the treatment plan in the Client file.